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**FOR IMMEDIATE RELEASE**

**TELEHEALTH NETWORK REPORTS TO PUBLIC SERVICE COMMISSION**

LINCOLN – The Telehealth Network saves Nebraskans thousands of dollars annually. That message was delivered to the Nebraska Public Service Commission at its weekly meeting Tuesday by a committee of Telehealth Network officials coordinated by Donna Hammack of Lincoln. She estimated that the use of the Telehealth Network, which links the state's hospitals via voice and visual hookups, saved Nebraskans more than \$1.1 million each in travel time and mileage during 2007.

The Nebraska Public Service Commission helps fund the Telehealth Network to the tune of nearly \$900,000 annually. Educational use and conferences in addition to administrative meetings account for 89 percent of the non-clinical utilization of the network.

"The clinical aspects of the network's use make it unique," Hammack said. The Telehealth Network has an average patient age of 45.49 with a one-way average mileage of 151.24 between the patient and the consulting physician.

The network's mission statement indicates providing a close link between healthcare providers and patients through a secure communications facility as well as bringing together resources to improve the readiness of the state to deal with terrorist acts, threats, and naturally-occurring disasters.

"Without the support of the Nebraska Public Service Commission, this network would not exist as it does now," Hammack said. The Commission's support is channeled through the Nebraska Universal Service Fund which is designed in part to support telecommunications services in high-cost, rural parts of Nebraska.

Hammack said 98 percent of patient responses to a survey said the network met their needs and 100 percent would recommend using Telehealth to others.

Wanda Kjar-Hunt of Good Samaritan Hospital in Kearney said Good Samaritan is linked to 19 critical access hospitals. The videoconferencing between Good Samaritan and the 19 other hospitals allows local medical personnel to consult with the trauma team at Good Samaritan.

"When dealing with trauma, time is of the essence; the faster the patient receives care, the better the outcome," Kjar-Hunt said. Telehealth permits the rural physician to remain at bedside

in the consultation with Good Samaritan, and at the same time, allows Good Samaritan to have everything ready if transport to Kearney is required.

“There aren’t surprises when we get to the ER (emergency room) door,” Kjar-Hunt said.

Carol Rosenbaum of Faith Regional Health Services in Norfolk said Telehealth has accounted for about 9,700 radiology procedures from July 2006 through February 2008.

“Treatment can begin within minutes rather than hours,” she said.

Carol Brandl of Lincoln’s BryanLGH Medical Center highlighted endocrinology efforts. She said the BryanLGH network hub saves 26 connecting facilities money and staff time through participation by video. “A two-hour program is two hours instead of two hours plus the travel time and expense.”

She noted that one physician conducts five clinics per month via Telehealth, averaging 25-30 patients per clinic session. “The patient response is extremely positive and grateful to have the service available,” Brandl said.

Max Thacker of the University of Nebraska Medical Center in Omaha described the bioterrorism aspect of Telehealth operations.

Hammack concluded the presentation by singling out Commission Chairman Anne Boyle of Omaha for her efforts to have the Federal Communications Commission (FCC) restore its definition of rural hospitals to four Nebraska Telehealth participants – hub hospitals in Grand Island, Kearney, and Norfolk as well as the Fremont Area Medical Center.

Elimination of the four hospitals from their rural designation would have jeopardized \$223,000 in federal funds. More important, Hammack noted, “It would have effectively collapsed the network.”

She praised Boyle for working with the FCC as well as the Nebraska delegation to Congress for restoration of the rural definition.

“We are unique in Nebraska,” Hammack said, “with all hospitals connected. You will not find what we have in Nebraska in other places.”

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